

Social Support, Knowledge, Attitude, And Self-Efficacy As Predictors On Breastfeeding Practice

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ABSTRACT

Current WHO/ UNICEF recommendations for optimal infant feeding are exclusive breastfeeding for approximately the first 6 months postpartum, after which complementary food should be introduced gradually, with the continuation of breastfeeding until 2 years or beyond. In the past decade, there has been a myriad of research into the factors affecting breastfeeding duration to identify risk factors for failure. It is important to investigate many predictors of premature breastfeeding discontinuation which are modifiable demographic variables such as social support, knowledge, attitude, and self-efficacy. An empowerment program can improve a mother's control over her environment by encouraging active participation on the basis of her requests regarding the content and implementation of the program, by making the program mother-oriented, and by helping the mother to determine the solutions suitable for her.

Key words: social support, knowledge, attitude, self-efficacy, breastfeeding

Introduction

One of the Indonesian health objectives set forth by the Department of Health is that by the year 2010, the proportion of mothers who exclusively breastfeed their infants should increase to 80% (Indonesian Ministry of Health, 2003). Currently the percentage of those who are exclusively breastfeeding is about 32% (Statistic Central Bureau, 2007). This study is designed to evaluate the relationship between social support, knowledge, attitude, self-efficacy, and breastfeeding among Indonesian mothers in mother support group program (MSG).

The justification for breastfeeding as the infant feeding method of choice continues to be well documented in the scientific literature. Significant nutritional, anti-allergenic, immunological and psychological benefits of breast milk have been identified. Many studies have described the unique advantages of human milk (Chezem et al, 2003; Kim 1994; Ball & Bennet, 2001; Labbok, Perez, & Valdes, 1994;). Breast milk contains nutrients at percentage that are exactly suited to the needs of the infant for growth and development. Breast milk changes from the colostrums of the few day of nursing to mature milk over the six months following birth, and it protects against infections in the gastrointestinal tract and respiratory organs as well as providing protection while the immune system of the infant is developing

(Chezem et al, 2003). Breast milk helps in the development of a healthy personality in an infant by demonstrating the mother's love to the infant (Kim, 1994). Clinical experiments have established the value of breastfeeding in preventing otitis media, gastroenteritis, asthma, shigella infection, and a variety of other diseases. For the mother, lactation facilitates a faster return to a pre-pregnant weight while suppressing ovulation for many. The economic advantage and the enhancement of the mother-infant bond have also been discussed as important benefits to breastfeeding (Ball & Bennet, 2001; Labbok, Perez, & Valdes, 1994). Endorsement for breastfeeding has come from the World Health Organization, the International Pediatric Association, the British Department of Health and Social Security, the American Association of Public Health, and the Academy of Pediatrics.

The infant feeding decision is complex and involves the influence of psychological, social, and economic factors, and health care system. Several authors have identified education and social support as the key factors in the promotion of breastfeeding. Due to lack of knowledge, sociocultural, economic, and personal reasons, women may choose to bottle-feed completely. Those who do intend to breastfeed may supplement too early with formula, thus undermining the establishment of lactation, or have potentially remediable problems that lead to premature discontinuation of breastfeeding (Avery, Duckett, Dodgson, Savik & Henly, 1998). Social support, knowledge, attitude, and self-efficacy are potentially to influence breastfeeding practice.

Current WHO/ UNICEF recommendations for optimal infant feeding are exclusive breastfeeding for approximately the first 6 months postpartum, after which complementary food should be introduced gradually, with the continuation of breastfeeding until 2 years or beyond (WHO, 2003). In the past decade, there has been a myriad of research into the factors affecting breastfeeding duration to identify risk factors for failure. Maternal demographics, attitudes and beliefs, and hospital practices have been examined (Dennis, 2002). Despite the significant research on the barriers to breastfeeding and the many efforts to promote and support it, almost every country in the world fails to meet the WHO recommendations for exclusive breastfeeding (WHO, 2001). For example, in Indonesia the majority of mothers initiate breastfeeding; however, according to WHO only 32% are exclusively breastfeeding at 6 months (Statistic Central Bureau, 2007). Among the mothers who do initiate breastfeeding, only 50.12% are breastfeeding up to 24 months (Indonesian Ministry of Health, 2007).

While several programs have been implemented for promoting breastfeeding in Indonesia, these programs have mainly been implemented through program providers

(Indonesian Health Profile, 2005-2008). These programs had the merit of changing general knowledge or attitudes towards breastfeeding, but they failed to significantly increase the exclusive breastfeeding rate. This may be attributable to the previous educational programs mostly being led by experts and so failing to encourage the active participation of laypeople or to cultivate their ability to solve or cope with the problems or difficulties during breastfeeding. Thus, a topic-oriented educational approach that helps mothers to identify problems in the actual breastfeeding process and helps to actively discover solutions for them is needed, rather than unilateral education programs based solely on strengthening knowledge of breastfeeding skills methods.

An empowerment program can improve a mother's control over her environment by encouraging active participation on the basis of her requests regarding the content and implementation of the program, by making the program mother-oriented, and by helping the mother to determine the solutions suitable for her (Dunst et al, 1998). Consequently, the rate of breastfeeding will be improved by an empowerment program (1) whose content takes into account the requests of mothers who desire to breastfeed, (2) that helps to organize groups for those mothers to share their difficulties and problems in breastfeeding, and (3) that enables mothers to efficiently acquire knowledge and skills related to breastfeeding.

The mother support group is seen as instrumental to increase social support, knowledge, attitudes, and breastfeeding self-efficacy, thereby expanding the potential base of support for the mother. The mother support group program is based on the concept that peer support is an optimal model for effective education and social empowerment, and that mothers are particularly well-suited to provide support to other mothers (Viadro et al., 2008). Mother support group has potential widespread application for cost-effective, lifelong improvement of family health.

Research objectives

This research has several research objectives. In general, objectives of the research are to investigate social support, knowledge, attitude self-efficacy, and breastfeeding practice among mothers attending MSG and to test a hypothesized model of relationship among these variables.

The specific research objectives are:

1. To investigate the level of social support, knowledge, attitude, self-efficacy among Indonesian breastfeeding mothers.
2. To investigate influence of social support on knowledge, attitude, and self-efficacy.
3. To investigate influence of social support, knowledge, attitude, self-efficacy on breastfeeding practice.
4. To investigate the interrelationships between social support, knowledge, attitude, and self-efficacy.
5. To test the goodness of fit of a hypothesized model of relationship between social support, knowledge, attitude, self-efficacy in influencing breastfeeding practice.

Conceptual Framework

There is a relationship between environment, cognitive and behavior. This study examines the relationship between social support, knowledge, attitude, self-efficacy, and breastfeeding. Social support strengthens knowledge, attitude, and self-efficacy of mothers; finally improve breastfeeding (Fig.1). In brief, social support improves breastfeeding practice through, knowledge, attitude, and self- efficacy. There is interrelationship between those variables.

If mother has high social support, knowledge, attitude and self-efficacy, she will be strong enough to solve any breastfeeding problems, and she will do a good breastfeeding practice, especially exclusive breastfeeding.

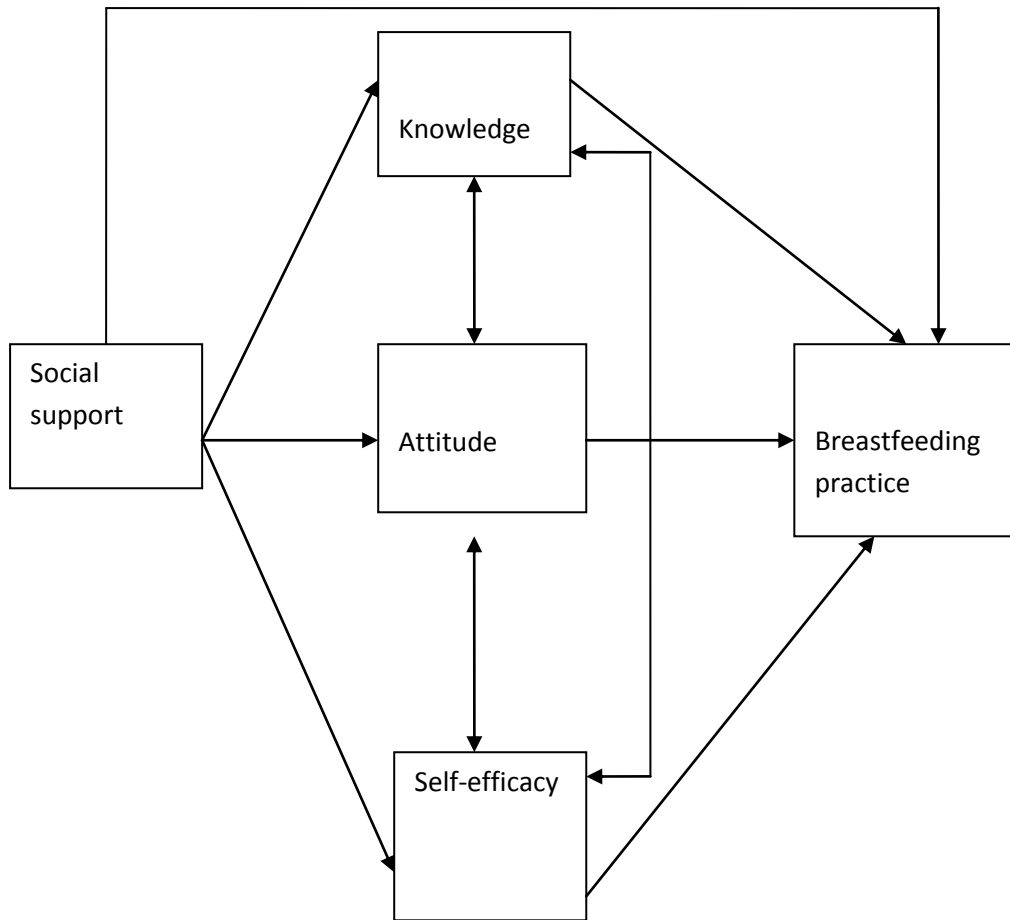


Figure1. Conceptual Framework

Importance of the study

The mother support group pilot project aims to develop a model of sustainable and effective breastfeeding protection and promotion program that is replicable throughout Indonesia. This will be achieved by: (1) improving the knowledge, skills, attitude and practices regarding early and exclusive breastfeeding among public and private health care providers; including households and communities; (2) create/strengthen/implement policies that support and protect early and exclusive breastfeeding practices.

For the mother, family and community, the sustainability of an empowerment program like mother support group can help them to enhance their health and quality of life.

For the Mercy Corps, the finding of this research will help them to enhance the quality of this program, so that can be adopted all around Indonesia.

For the body of knowledge, this research explores the application SCT, and Social Development Theory in public health field. It is another form of education application to promote health behavior for enhancing quality of life.

Methods

Research design

This study employs quantitative method using the cross-sectional research design. The method is selected because the study is going to see the relationship between variables in an existing phenomenon without manipulating any variables in one point time.

Subjects

The subjects are the nonworking mother of babies 6-24 months who participated on Mother Support Group program in Yogyakarta, Indonesia.

Instrument

There are five variables that will be measured in this study. The variables include: social support, knowledge, attitudes, self-efficacy, and breastfeeding; and these variables will be measured by questionnaire.

Social support is measured using the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet GD. et al, 1988). The MSPSS seeks to measure the perceived adequacy of social support from the three sources of family, friends, and significant others. The MSPSS has been widely used by many researchers who are looking for a short, clear, and accurate scale to measure social support (Basol G, 2008).

Breastfeeding knowledge is measured using breastfeeding knowledge questionnaire developed by researcher (adapted from Mercy Corps, 2009). There is no record about the validity and reliability of the original questionnaire, but the original version was used in North

Jakarta by Mercy Corps for collecting data before MSG intervention in that area. The questionnaire will be tested on the pilot study.

Breastfeeding attitudes will be measured using an instrument adapted from breastfeeding attitudes scale (Imhonde et al, 2010). The Cronbach's alpha coefficient for the original questionnaire was 0.75 (Imhonde et al, 2010).

Breastfeeding self-efficacy is measured using Breastfeeding Self Efficacy Scale-Short Form (BSES, (Dennis CL and Faux S, 1999)).The BSES is a 33-item; self-report instrument developed to measure breastfeeding self-efficacy.

A breastfeeding assessment questionnaire (adopted from Blyth R et al, 2004) will be used to collect data and information related to the infant feeding decision.

Description of the intervention

Mother Support Group: the program that provides mothers with emotional support, physical comfort, and understanding; and enables them to take positive action about breastfeeding.

Data collection procedure

Data is collected by the researcher and two research assistants. The research assistants are trained by the investigator in the interview process and the use of the questioner.

Statistical treatment on the data

Statistical treatment on the data is shown in Table 2.

Table 2: Research questions and the data analysis methodologies

| Research Questions | Analysis |
|---|---------------------|
| 1. What are the levels of social support, knowledge, attitude, self-efficacy among mothers? | Descriptive |
| 2. Are social support predictor of knowledge, attitude, and self-efficacy? | Multiple regression |

| | |
|--|------------------------------------|
| 3. Are social support, knowledge, attitude, and self-efficacy predictor of breastfeeding? | Multiple regression |
| 4. Are there significant relationships between social support, knowledge, attitude, and self-efficacy? | Multiple regression |
| 5. What is fit model of relationship between social support, knowledge, attitude, self-efficacy in influencing breastfeeding behavior? | Structural Equation Modeling (SEM) |

Conclusion

Social support, knowledge, attitude, and self-efficacy are potentially to influence breastfeeding practice. The mother support group is seen as instrumental to increase social support, knowledge, attitudes, and breastfeeding self-efficacy, thereby expanding the potential base of support for the mother. The mother support group program is based on the concept that peer support is an optimal model for effective education and social empowerment, and that mothers are particularly well-suited to provide support to other mothers (Viadro et al., 2008). Mother support group has potential widespread application for cost-effective, lifelong improvement of family health.

It is a quantitative research employs correlational method. Sample will be conducted by purposive sampling, due to several criteria to subject in this study. Data collection will be conducted to the appointed mothers.

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